

FILED JAN 6 1951

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43432

State File No.

Registration District No. 367 85431-50

Primary Registration District No. 4537

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Washington
(b) City or town IRONDALE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community _____
years, months or days)

3. (a) PRINT FULL NAME MARY CHRISTINE Blackwell

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 18, 1950
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>18 HOURS</u>			<u>18</u> hr. — min.

9. Birthplace IRONDALE MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Roy W. Blackwell
13. Birthplace Headwood MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name Helen M. Marler
15. Birthplace IRONDALE MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Roy W. Blackwell
(b) Address IRONDALE, MISSOURI

17. (a) BURIAL 0 (b) Date thereof Dec. 19, 1950
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BIG RIVER CEMETERY

18. (a) Signature of funeral director NONE

(b) Address _____

19. (a) 12-27-1950 (b) Debbie Eichenberger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington
(c) City or town IRONDALE
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19
year 1950 hour 9 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Dec. 18
1950 to Dec. 19 1950

that I last saw her alive on Dec. 18 1950
and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth

Duration

18 hoursDue to MOTHERS HEAVY WORK

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)
(e) Means of injury _____

23. Signature Dr. W. G. Gale (M. D. or other) _____
Address IRONDALE, MO. Date signed 12-20-50

RECEIVED

JAN 8 1961

WASH. COUNTY HEALTH DEPT.

File No. 151-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P.O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.